

# **Eclectic Naturopathic Medical Center, LLC**

66 Cedar Street, Suite 201, Newington, CT 06111

Tel: 860.665.1254

## **Notice of Privacy Practices**

Federal and state law requires us to maintain the privacy of your health information. This notice describes our procedures for the protection of your privacy including the appropriate sharing of private health information and your access to your private health information.

The practices described in this notice are in response to federal and state law. They go into effect April 14, 2003 and will remain in effect until replaced or revised.

Copies of this notice and/or a copy of the entire policy document are available upon request. Please use the contact information at the end of this document to request a copy or for additional information.

## **Uses and Disclosures of Health Information**

### **Treatment and Care**

- ◆ We may use or disclose your private health information to a physician, dentist or other healthcare provider if said provider is providing treatment to you and you give written permission.
- ◆ In the event that you are incapacitated or unavailable, we may disclose your private health information to a family member or other responsible person. The information disclosed will be limited to that which is relevant to that person's involvement in your healthcare, as determined by the professional opinion of this office.
- ◆ In case of emergency we may disclose or use personal health information related to your location and/or general condition to notify or assist in the notification of a family member or other person responsible for your care.
- ◆ We may use and/or disclose your private health information, with your written permission, in order to receive third party payment for any services we provide to you.
- ◆ We may use or disclose your private health information, with your written permission, to provide you with appointment reminders (such as voicemail messages, postcards or letters).

### **Healthcare Operations**

- ◆ We may use or disclose a patient's private health information, with your written permission, for purposes of quality assessment and improvement, for reviewing the competence or qualifications of healthcare providers, and for accreditation, licensing or credentialing activities.
- ◆ We may disclose your health information, with your written permission, to another health care provider or organization that is subject to the federal privacy rules and has a relationship with you in order to support their healthcare operations.

## Patient Authorized Use

- ◆ You may give us written authorization for the use or disclosure of your health information to anyone for any purpose, above and beyond those described above.
- ◆ Your written authorization may be revoked by written request at any time.
- ◆ Without this written authorization your private health information cannot be disclosed to any entities other than those described in the Mandatory Disclosure section of this notice.

## Mandatory Disclosure

- ◆ We may use or disclose your private health information when required to do so by law.
- ◆ We may disclose your private health information to appropriate authorities if there is reasonable evidence that you may be the victim of abuse, neglect or domestic violence or the victim of other crimes. This decision would be based on disclosure to the extent necessary to protect your health and safety or the health and safety of others.
- ◆ We may disclose your health information to the extent necessary for national security, including disclosure to military authorities, private health information of Armed Forces Personnel and disclosure required by lawful intelligence.

## **Patients Rights**

- ◆ You have the right to look at or get copies of your private health information, including formats other than photocopies when feasible.
- ◆ Requests for private health information must be made in writing. Any fees associated with duplication and mailing of health information may be billed to your account.
- ◆ You have the right to receive a list of instances of disclosure of private health information, for purposes other than treatment, payment or healthcare operation, once each 12-month period beginning April 14, 2003.
- ◆ You have the right to request in writing amendments to your private health information, including an explanation of the reason for such amendment.
- ◆ You may request communication about your private health information through alternative means and locations, as specified in writing by you.

If you have questions or concerns about our privacy practices, please contact us. In the event that you disagree with a decision we made about access to your private health information, requested disclosure or amendment of your private health information, you may contact our office. In addition, you may submit a written complaint to the U.S Department of Health and Human Services. This process will be supported by our office and will not result in any retaliation.

# ECLECTIC NATUROPATHIC MEDICAL CENTER, LLC

Kathleen M. Riley, N.D.

www.kathleenrileynd.com

66 Cedar Street  
Suite 201  
Newington, CT 06111

Tel: (860) 665-1254

## Acknowledgement of Receipt of Health Privacy Practices

*You may refuse to sign this acknowledgement.*

- ☐ I have reviewed a copy of the Notice of Privacy practices for the office of Dr. Kathleen Riley
- ☐ I give permission to share my health information for routine reminders for appointments.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use Only*

We attempted to obtain written acknowledgement of review of our Notice of Health Privacy Practices, but were unable to because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other, specified below

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